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The great FLU ILLUSION: Bombshell study proves transmission is a myth and PCR tests are junk science

06/25/2026 // Lance D Johnson // **1.2K** Views



Tags: aerosol transmission, asymptomatic infection, badhealth, Big Pharma, Censored Science, contact transmission, contagiousness myth, Dangerous Medicine, droplet transmission, face shield efficacy, Flu, H3N2 virus, hand sanitizer, human challenge study, infection control, influenza transmission, lockdown myths, mask effectiveness, medical violence, outbreak, pandemic policy, real investigation, respiratory illness, secondary attack rate, ventilation rates, viral aerosols, viral shedding



What causes symptoms of respiratory illness? Why do some people get sick when they are around others who are sick, but someone else may not get sick at all? In the study, “Minimal transmission in an influenza A (H3N2) human challenge-transmission model within a controlled exposure environment,” researchers found serious challenges in the human transmission model of disease.

In the study, a group of researchers directly inoculated 52 healthy volunteers with influenza A H3N2 virus. They locked them in rooms with 75 susceptible people **for 15 hours a day over four days**. They designed the rooms to have low humidity and minimal ventilation, the conditions most favorable for viral spread. The researchers let the volunteers play games, eat meals, and breathe on each other. What happened next should have made headlines around the world. Nothing happened. Only one person out of 75 became infected. To make matters more peculiar, the group that did not use face shields and hand sanitizer statistically fared the same as those who did.

This is not a minor footnote in the history of infectious disease research. It is a bombshell finding that shatters the foundation of everything you have been told about how viruses spread between people, and why containment measures are just theater.

Key points:

- Intentionally infected donors failed to transmit the flu to recipients in 97% of cases.
- Only one confirmed transmission occurred out of 75 exposed recipients.

- The secondary attack rate was a mere 1.3%, far below the expected 16%.
- Infected donors who shed virus into the air still did not make others sick.
- Masks and hand sanitizer made no statistical difference in transmission rates.
- The study undermines the core assumptions behind pandemic lockdown policies.

Virology misunderstood

If the flu virus is as contagious as we have been told, transmission should have been rampant. It was not. Only one recipient out of 75 became infected. That is a 1.3% secondary attack rate. The researchers expected at least 16%. They missed their target by more than tenfold.

To shed further doubt on virus transmission and the common measures used to protect against viral shedding, the study divided recipients into two groups. The intervention group wore face shields and sanitized their hands every 15 minutes. The control group did neither. The result? Zero infections in the intervention group and one infection in the control group. Statistically, there was no difference between the groups. This finding renders the entire mask debate moot. If face shields and constant hand sanitizer cannot stop transmission when both groups fail to get infected anyway, what exactly are we protecting ourselves from?

Virus transmission appears to be an imaginary concept, driven by fear and hysteria.

The uncomfortable truth about viral shedding

Now, forty-two of the 52 donors who were deliberately infected actually became infected after inoculation. That is an 81% infection rate through direct inoculation. And they shed virus from their noses in substantial quantities. Their viral loads were high enough to register on PCR tests with cycle threshold values in the mid-20s. Yet, remarkably, they did not pass the virus to the people sitting next to them. The researchers also measured the exhaled breath of donors using a device called the Gesundheit-II. They found that only 11 out of 42 infected donors had detectable virus in their breath aerosols. Even then, the quantities were two to four logs lower than what has been observed in naturally infected people who were selected for having fever and high viral loads.

This raises an obvious question. If the virus is so hard to transmit in a controlled setting where infected people are breathing directly onto susceptible people for days, how does it ever spread in the real world? The researchers tried to explain their failure by pointing to the building ventilation system. The proof-of-concept study was conducted in a hotel room with recirculating air, and it did have a higher transmission rate. The follow-on study used

mechanical ventilation that diluted the air. They concluded that aerosols might be important after all. But this explanation is circular. If transmission depends on airtight rooms with no fresh air, then the virus is not a robust airborne pathogen. It is a fragile entity that requires extreme conditions to move from one person to another.

The fallacy of the contagious patient

The study also revealed something that should make every public health official reconsider their assumptions. Many of the directly infected donors did not get sick. Ten out of 42 infected donors were classified as asymptomatic. They had the virus in their bodies; it was confirmed through PCR; they shed it from their noses, but they felt fine. No fever, no cough, no runny nose. Yet they were placed in rooms with susceptible people and **still did not transmit**. The researchers admitted that their model produced donors who were “minimally contagious.” But if a person with a laboratory-confirmed infection who is breathing on you for 15 hours a day cannot make you sick, what does that say about the millions of asymptomatic cases that were used to justify lockdowns, school closures, and mask mandates?

The collective pandemic protection measures were not based on science; they were only used to control people, weaponizing their virtue and their fear.

The one infected person didn't even test positive on PCR

And ironically, the one recipient who did become infected through alleged transmission never tested positive on PCR. The infection was detected only through serology, meaning their immune system responded to the virus but the virus itself was never found in their nose. This single case was symptomatic. But the researchers could not prove it came from the donors at all. They assumed it did because of the timing. That is not science. That is faith. This means people who test positive for a virus on the PCR test are most likely not spreading the disease, and people who test negative have the potential to spread it anyway. So why use PCR testing in the first place?

After spending years and millions of dollars on the most controlled transmission experiment ever attempted, the researchers concluded that they cannot prove how the flu spreads. And if we cannot prove how influenza spreads, how confident can we be about any respiratory virus or any PCR test?

The implications are staggering. The entire framework of pandemic response rests on the assumption that respiratory viruses spread easily from person-to-person through the air. This study suggests otherwise. It suggests that transmission is rare, difficult to achieve, and dependent on variables we do not understand. It also suggests that the masks, the lockdowns, the social distancing, and the fear were built on a foundation of sand, and that virology is completely misunderstood from the start. It's easy to blame someone else for our

sickness. It's crazy to think as a human species, we still do not understand the reasons why are bodies get sick.

Sources include:

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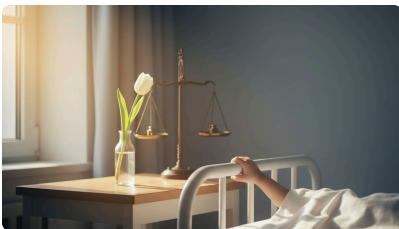
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